

Provision:

HCFA-PM-95-4

(HSQB)

Attachment 4.35-E

June 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

ELIGIBILITY CONDITIONS AND REQUIREMENTS
Enforcement of Compliance for Nursing Facilities
Civil Money Penalty: Describe the criteria (as required at §1919(h)(2)(A) for applying the remedy.
✓ Specified Remedy
(Will use the criteria and notice requirements specified in the regulation).
Alternative Remedy
(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)
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Supersedes TR No.

Approval Date:

Effective Date: __JUL 0 1 1995

